

**Exhibit 18-13**

**SAMPLE REMITTANCE ADVICE – VOIDED FACILITY CLAIMS**

REPORT ID: FI04W400  
 PROGRAM ID: FI04L400  
 001549

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM  
 FACILITY REMITTANCE ADVICE - ACUTE  
 VOIDED CLAIMS - INVOICE DATE: 04/16/2004

PAGE: 7  
 RUN: 04/16/2004

BILLING PROVIDER: 654321 01 IHS/638 TRIBAL FACILITY  
 SERVICE PROVIDER: 654321 01 IHS/638 TRIBAL FACILITY

INVOICE NUMBER: A9800000000001  
 CHECK NUMBER: 48746  
 PAYMENT DATE: 04/20/2004

TAX ID: 999999999  
 FORM TYPE: INPATIENT

AHCCS ID RECIPIENT	NAME PATIENT ACCOUNT NUMBER	CRN STATUS DATE	DATES OF SERVICE	BILLED AMOUNT BILLED UNITS	ALLOWED UNITS		
A12345678	OAKLEY, ANNIE	041000001001	03/20/2004	1,507.00	1.00	1,507.00-	ALLOWED AMOUNT (*)
A12345678	0011617768-1	04/14/2004	03/21/2004	1.00		-----	
						1,507.00-	NET PAID AMOUNT
PRICE EXPL: PDM *AHA							
A87654321	JANE, CALAMITY	041000003003	03/25/2004	3,014.00	2.00	3,014.00-	ALLOWED AMOUNT (*)
A87654321	J4176037943-1	04/14/2004	03/27/2004	2.00		-----	
						3,014.00-	NET PAID AMOUNT
PRICE EXPL: PDM *AHA							

- New Allowed Amount is listed first as a negative
- Any previous deductions would be “backed out” as positive
- Net Paid Amount shows amount recouped
- Last page of Voided Claims section lists totals for inpatient and outpatient claims

NUMBER OF CLAIMS: 2  
 TOTAL BILLED AMOUNT: 4,521.00  
 TOTAL RECOUPED AMOUNT: 4,521.00